

A Monthly Bulletin on Epidemiology & Public Health Practice in Washington State

Statewide Project Surveyed Diverse Health Systems for Quality of Care in Diabetes Management

Health care organizations, insurers, and employers have a strong interest in promoting early detection and appropriate management of diabetes. Diabetes is the leading cause of adult-onset blindness, nontraumatic lower extremity amputations, and end-stage kidney disease, and greatly increases the risk of death by heart attack or stroke. It is also a major cause of birth defects among infants of women with diabetes.

To gather standardized information on the quality of health care for patients with diabetes and to encourage systematic changes to improve care, the Department of Health recently conducted the Diabetes Outcomes Measurement Project. Although assessments of diabetes care have occasionally been reported for individual clinics or practices, health maintenance organizations, or other integrated health systems, this data collection effort is a first attempt to assess care at a statewide level across multiple health systems.

Data Collection

The project included 14 health systems ranging from commercial fee-for-service systems to staff-model health maintenance organizations (Table 1, page 2). Each system determined the types of insurance coverage to include in the data collection. For example, some selected only enrollees with Medicare coverage, whereas others selected enrollees from all insurance plans. The sampling frame included patients whose administrative records contained diagnostic codes indicating diabetes, who were at least 18 years old, and had visited a health care provider at least once during 1997. More than 33,000 persons with diabetes were represented in this project.

Data were collected by abstracting medical records and surveying enrollees. The medical record review involved an initial random sample of up to 275 patients from each health system for a total of 3,045 Continued page 2 Vol. 4 No. 8

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MDR-TB Is On the Rise Again in Washington

Five cases of multi-drug-resistant tuberculosis (MDR-TB) have been reported in Washington through August 1999, compared to no reported cases in 1998 and approximately three cases annually during 1993–1997. MDR-TB is characterized by resistance to at least isoniazid and rifampin, the two key bactericidal first-line agents for treatment of TB, and often to additional first-line agents, which further complicates therapy.

Four of the infected persons were born in Asia and one was born in Latin America. Three of the five arrived in the United States within the preceding 24 months, and at least three had a prior treatment history. They live in five different counties; three are small, rural health jurisdictions with

limited funding for TB control, much less for treatment of a case of MDR-TB.

These cases reinforce previous findings that MDR-TB should be suspected in persons with a previous treatment history, especially if not directly observed, and in those likely to have been infected in regions where MDR-TB has a greater foothold than in the United States. In many poor nations of the Southern Hemisphere and in parts of the former Soviet Republics, MDR-TB accounts for 5-10% of never treated patients and up to one-third or more of previously treated patients. The prevalence is approximately 2-3% in the United States and about 1-2% of cases in Washington State over the past decade. Continued page 4

For More Information

For further information, contact: Jan Norman, Community Wellness and Prevention, 360-236-3686 or jen0303@doh.wa.gov.

The American Diabetes Association provides information at http:// www.diabetes.org

Diabetes (from page 1)

records. A mailing of 5,900 surveys resulted in nearly 3,000 completed responses.

Findings Are Mixed

In general, the survey found good diabetes care relative to some quality indicators but room for improvement in others. For example, 85% of patients had glycosylated hemoglobin tests; however, 28% of patients had average blood sugar levels in excess of 200 mg/dl, which indicates a need for more aggressive control. Further, 52% of patients had blood pressure levels in excess of 140/90 mm Hg.

Use of some measures varied with type of insurance. For example, across the four types of coverage analyzed, the proportion of patients with a documented dilated eye exam ranged from 18% to 58% (Figure 1). In contrast, measures such as kidney function testing and foot exams were more consistent across insurance types.

Measures for several quality indicators tended to be lower for Medicaid enrollees than for those with other types of insurance (Figure 1). The Medicaid data primarily reflect care for older, disabled persons.

Comparisons of data from the 14 health systems revealed substantial differences for some quality indicators. For example, the proportion of patients who had a foot exam with a monofilament exam ranged from 16% to 89%. For other indicators, results suggested that variations in documentation of care perhaps accounted for differences noted. For instance, the percentage of

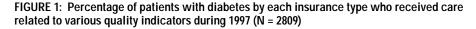
patients with a documented dilated eye exam ranged from about 16% to 73% among health systems, but the survey results of patients showed less variation. For some quality indicators, measures were similar across systems. For example, the percentage of patients with a glycosylated hemoglobin, test ranged from 63% to 92%, with most health systems reporting near 80%.

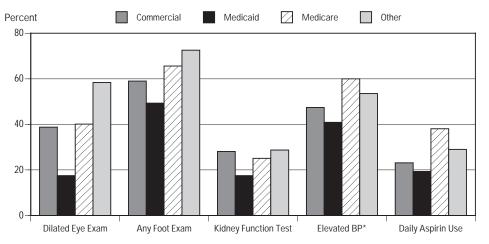
Linking Data to Action

The Department of Health is using the findings of the Diabetes Outcome Measurement Project to improve quality of care. The department is using evidence-based practices to coordinate a year-long quality improvement process aimed at glucose and blood pressure control. Health systems changes will focus on ensuring delivery of routine preventative care and self-management support for all enrollees with diabetes.

TABLE 1: Participating health systems

Aetna U.S. Healthcare
Choice Regional Health Care
Community Health Plan of Washington
Group Health Cooperative of Puget Sound
Group Health Northwest
Madigan Army Medical Center
Medical Assistance Administration
Northwest Washington Medical Bureau
PacifiCare of Washington
Premera Blue Cross
Qual-Med Plans for Health
Regence BlueShield
United HealthCare
Veterans Affairs Puget Sound
Health Care System





*Systolic 140 or diastolic 90 mm Hg

Monthly Surveillance Data by County

August 1999* – Washington State Department of Health æ .:S

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County	4 .cd	Jil Salmi	inella Shigi	Hebat	Hepat	in Mour	y, Melil	Sej	IIS, LIK	serce chi	anydia	orthea AIDS	, V ₆	sticides' Leady
Adams	0	1	0	0	1	0	0	0	0	4	1	0	2	0/0
Asotin	0	0	0	0	0	0	0	0	0	2	0	0	0	0/0
Benton	0	1	0	0	0	0	0	0	0	24	1	0	0	0/19
Chelan	0	2	1	0	0	0	0	0	0	9	0	0	3	0/6
Clallam	0	0	0	1	0	0	0	0	0	8	1	0	1	0/#
Clark	3	4	0	2	0	0	0	0	0	31	3	2	1	1/#
Columbia	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0
Cowlitz	0	1	0	0	0	0	0	0	0	13	3	0	1	0/14
Douglas	0	0	0	0	0	0	0	0	0	1	0	0	0	0/0
Ferry	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0
Franklin	0	0	0	0	0	0	0	0	0	18	1	0	2	0/0
Garfield	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0
Grant	0	0	0	0	0	0	0	0	0	17	0	0	5	0/#
Grays Harbor	0	1	0	0	0	0	0	0	1	6	0	0	1	0/0
Island	0	1	0	0	0	0	0	1	0	7	1	0	0	0/#
Jefferson	0	0	0	0	0	0	0	0	1	2	0	0	0	0/#
King	2	23	4	3	0	0	2	6	11	344	74	13	9	0/50
Kitsap	0	4	0	2	0	0	0	4	2	43	7	0	0	0/11
Kittitas	0	0	0	0	0	0	0	0	0	2	0	0	1	0/0
Klickitat	0	0	0	0	0	0	0	0	0	3	0	0	0	0/0
Lewis	0	1	0	1	0	2	0	0	0	4	0	0	1	0/0
Lincoln	0	0	0	0	0	0	0	0	0	0	0	0	1	0/0
Mason	0	0	0	0	0	0	0	1	0	8	1	0	0	0/0
Okanogan	0	0	0	0	0	0	0	1	0	6	0	0	1	0/#
Pacific	0	1	0	0	0	0	0	0	0	1	0	0	0	0/0
Pend Oreille	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0
Pierce	2	5	0	2	0	0	0	1	2	175	44	4	1	1/51
San Juan	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0
Skagit	2	1	0	1	0	0	0	0	1	20	0	1	1	0/5
Skamania	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0
Snohomish	2	7	0	10	1	0	1	3	0	106	8	5	2	0/#
Spokane	1	3	0	3	0	0	0	0	1	52	3	3	1	0/11
Stevens	0	0	0	0	0	0	0	0	0	2	0	0	0	0/0
Thurston	0	3	0	0	0	0	0	1	0	5	1	0	0	0/#
Wahkiakum	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0
Walla Walla	0	0	0	0	0	0	0	0	0	11	0	0	2	0/8
Whatcom	11	8	0	0	0	0	2	0	0	20	1	1	3	0/#
Whitman	2	4	0	0	0	0	0	0	0	7	0	0	2	0/#
Yakima	0	5	6	0	3	0	0	0	0	39	4	1	15	1/#
Unknown														0/0
Current Month	25	76	11	25	5	2	5	18	19	990	154	30	56	3/200
August 1998	13	51	17	97	7	2	3	37	162	823	150	18	72	5/212
1999 to date	58	429	68	216	44	12	51	539	28	7708	1330	242	214	63/2117
1998 to date	42	292	86	742	65	13	51	221	170	7258	1247	286	344	86/2259
1770 10 4416	74	L1L	UU	174	UJ	IJ	JΙ	44 I	170	1230	147/	200	J##	UUI 22J7

^{*} Data are provisional based on reports received as of August 31, unless otherwise noted.

† Unconfirmed reports of illness associated with pesticide exposure.

§# Number of elevated tests (data include unconfirmed reports) / total tests performed (not number of children tested); number of tests per county indicates county of health care provider, not county of residence for children tested; # means fewer than 5 tests performed, number omitted for confidentiality reasons.



WWW Access Tips

For information on TB and MDR-TB, visit the web page of the Centers for Disease Control and Prevention Division of TB Elimination at: www.cdc. gov/nchstp/tb/faqs/qa.htm

MDR-TB (from page 1)

A key measure for preventing the emergence of MDR-TB in Washington State is the initial treatment of TB cases with four first-line agents (isoniazid, rifampin, pyrazinamide, and ethambutol). The prevalence of drug resistance of any kind during 1993-98 has been high enough in both foreignborn (15%) and U.S.-born (6%) patients to merit use of a four-drug initial regimen in all cases lacking specific medical contraindications to such therapy. In addition, health care providers treating cases of MDR-TB should collaborate with local health departments to ensure that close contacts are appropriately evaluated and that case management incorporates incentives and enablers that will foster patient compliance. This strategy should include directly observed therapy (DOT) wherever feasible. Nearly

80% of TB cases treated in Washington State during 1998 received some form of DOT.

All first-positive cultures should be submitted for susceptibility testing to a laboratory with state-of-the art technology and rapid turnaround times. For a list, call the Public Health Laboratory at 206-361-2800. Health care providers should consult with appropriate medical and public health expertise to tailor the management of patients with known or suspected drug resistance (e.g., failing therapy, previous treatment history, or objective laboratory evidence). Second-line antimycobacterial drug susceptibility testing is important.

These measures can prevent the spread of MDR-TB. For medical consultation in King County, call Drs. Charles Nolan or Stefan Goldberg at 206-731-4579; in other areas call your local health department's TB program or Dr. Chris Spitters, 360-236-3412.

Pneumococcal Vaccination Practices Study To Assess Nursing Homes

The Washington State Department of Health Immunization Program, PRO-West (the state's Medicare peer review organization), and the Immunization Action Coalition of Washington are collaborating on a statewide project to assess pneumococcal vaccination practices in licensed nursing homes and coverage rates among their residents.

The project begins this October with an initial assessment phase, followed by an intervention to encourage the use of vaccine standing orders, and then a follow-up to reassess coverage. The goal is to protect nursing home residents during the 1999–2000 flu season. All 284 licensed nursing homes in Washington will be invited to participate in the project. The study team will select a sample of 600 to 700 residents to secure vaccine coverage data that can be generalized statewide.

Additional project collaborators include the Aging and Adult Services Administration, the Medical Directors Association, the Washington Association of Homes for the Aging, the Washington State Pharmacists Association, and the Washington Health Care Association.

For further information, contact: Constance Strahle, DOH adult immunization coordinator, 360-236-3556; or Sandra Salinas, PRO-West project coordinator, 206-364-9700.

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